

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

MAR 24 1997

2. Name of Operator

Marbob Energy Corporation

3. Address and Telephone No.

P. O. Drawer 227, Artesia, NM 88210

505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

50 FNL 660 FWL SEC. 25-T17S-R29E UNIT D

5. Lease Designation and Serial No.

LC-028784B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

BURCH KEELY UNIT

8. Well Name and No.

BURCH KEELY UNIT #266

9. API Well No.

30-015-28886

10. Field and Pool, or Exploratory Area

GRBG JACKSON SR Q GRBG SA

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other TD, CMT CSG

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD 4810' 3/16/97, RAN 113 JTS. 5 1/2" J-55 17# TO 4799', CMTD 1ST STAGE W/320 SX CLASS C, PLUG DOWN @ 11:45 P.M. 3/16/97, CIRC 75 SX, CMTD 2ND STAGE W/900 SX PREM PLUS AND 230 SX PREM PLUS 50/50 POZ, PLUG DOWN @ 7:30 A.M. 3/17/97, CIRC 150 SX, WOC 18 HRS., TSTD CSG TO 600# F/20 MINUTES--HELD OK. DV TOOL @ 3236'.

14. I hereby certify that the foregoing is true and correct

Signed Chonda Nelson Title PRODUCTION CLERK Date 3/19/97

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____